



State of Louisiana  
Department of Revenue

## Initial Taxpayer Inquiry Regarding Refund

**Section I**

Print your current name(s), your Social Security Number, and address including ZIP. If you filed a joint return, show the names of both husband and wife on Lines 1 and 2 below.

1. Your name			Social Security Number	
2. Spouse's name (If a name is entered here, spouse must sign on Line 12).			Social Security Number	
3. Street	Apt. No.	City	State	ZIP
Please give us a phone number where you can be reached between 8 a.m. and 4:30 p.m. Include area code.		Area code	Number	
If any of the above has changed since you filed your tax return, please enter the information below exactly as shown on your return.				
4. Name(s)		Social Security Number(s)		
Street	Apt. No.	City	State	ZIP

**Section II**

**Refund Information**  
(Please check all boxes that apply to you.)

5. Tax year of refund in question _____		6. Amount of refund in question _____	
7. <input type="checkbox"/> I didn't receive a refund. <input type="checkbox"/> I received a refund check, but it was lost, stolen, or destroyed.			
8. <input type="checkbox"/> I received the refund check and signed it.			
<p><b>NOTE:</b> The law doesn't allow us to issue a replacement check if you endorsed it and someone other than you cashed the check, since that person didn't forge your signature.</p>			
9. <input type="checkbox"/> I have received correspondence about the tax return. (Please attach a copy if possible.)			

**(Please give us the following information if possible.)**

10. ☐ Name of bank and account number where you normally cash or deposit your checks:  
 Bank: \_\_\_\_\_ Account number: \_\_\_\_\_

**Section III****Certification**

Please sign below, **exactly** as you signed the return. If this refund was from a joint return, we need the signatures of both husband and wife before we can trace it.

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete. I request that you send a replacement refund, and if I receive two refunds, I will return one.

11. Signature	Date
12. Spouse's signature, if required	Date

**Section IV**

**Complete and mail to:**  
 Louisiana Department of Revenue  
 Taxpayer Services Division  
 P.O. Box 91017  
 Baton Rouge, LA 70821-9017

**OR**

**Fax to:**  
 Louisiana Department of Revenue  
 Taxpayer Services Division  
 (225) 219-2447